0 - 1	1022	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.										
1 3	denth denth			MUS 14 RACE	A.	Bal.	Limore	20 DATE C	PEARS LAST BIRTHDAY)	20 20	YEAR 86 IDER 1 YEAR	26 HOUR A. 2:30 M.			
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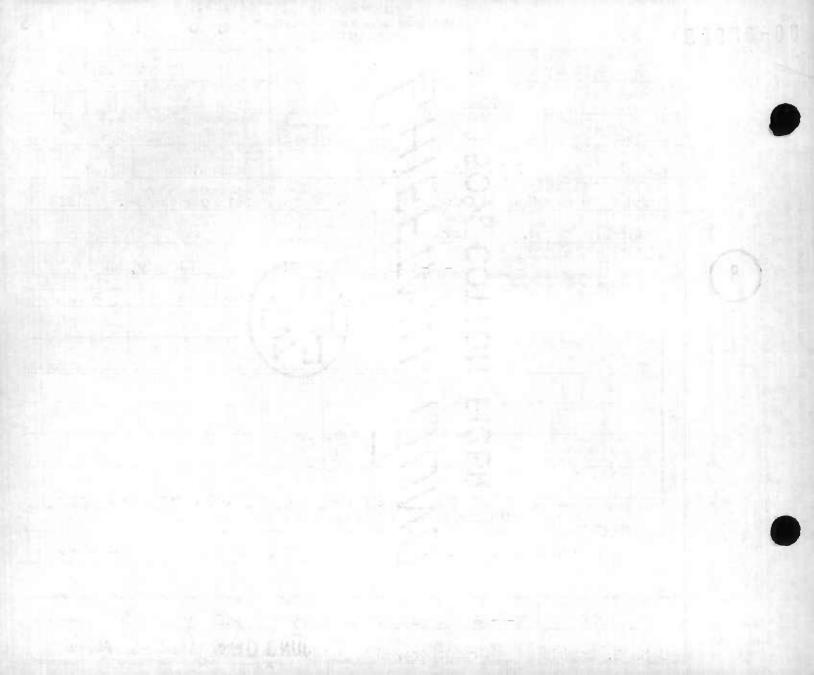
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Greensboro, MD

John E. Boulais

(VRA 15, 4)



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ATE, T ARE, T ORW PR: P, 2 AD, 2		22a. I certify that I took charg	je of the remains de	scribed above, held an	Autop	sy , Inspection	M. Inquiry	ond in my	opinion	
BE FOR		death resulted from: Natur	ral causes 🔀 ,	Accident , Su	icide 🗌	, Homicide .	Undetermined manner			
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. A SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STY. BALLIMORE, MARYLAND, 21		(TYPE OR PRINT)	ISTIAN	E, VEN	ISEN	ADDRESS P.O.	BOX 690, J	KNTON	1 MD 2.	1629
EXE PAGE	23a.B	URIAL, CREMATION, REMOVAL 2	36 DATE	23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION CITY OR TOWN	cc	DUNTY 5	TATE
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	N ST.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Thoracic Aortic Ancurysm											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACUTE		
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		O MEDICAL EXAM SECUTE THE CERT AGE 4 SHOULD R O FUNERAL DIRE AFTER DEATH, WITH		EXAMINER'S NAM (TYPE OR PRINT)	"Chris	tian E.	Jensen M	D.	ADDRESS_PO		690 Den			L629	9
		BP	-	urial, cremation specify) B uri al	100	6-13-86	Ros CI		1	City	ortion inetown			Md	ä.
		DHMH - 17 (VR A15 ME (5)) 15M 2/80	1.000	UNERAL DIRECTOR NAME FOOKS FI		Home,	Denton Mo	i. 2	888	N 1 O	PREGISTRAR 256. R	Devide .	SIGNATURI	ell.	•

Minter Spender

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN ESTI-DEATH MATED SEX DATE S / YRS. Cauc PRONOUNCED 1904 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TE BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! U. S. Delaware WIDOWED K DIVORCED 0. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

UCKAhoe Springs FOR MOST OF WORKING LIFE)
Mechanic Denton Serv. Sta. uckahoe 88 TUCKAHOE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BUX 15. MOTHER'S MAIDEN NAME IB. GIVE PAGES I WITH FORM PA IIT. PAGES I AND DIVISION OF VI MIDDLE MIDDLE FIRST John Lillie Edward Flynn Fearing Lee 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) Larrimore. Denton. MD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH HIEF WILL.
USED AS A BURIAL-TRANSH POPENE,
OF HEALTH AND MENTAL HYGIENE,
OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? DIVISION OF VITAL EXECUTE THE CERTIFICATE, WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CHIP CHIP EN EUNERAL DIRECTOR; PAGE 3 SHOULD BE USFIER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURI 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an and in my apinian Natural causes Suicide Hamicide Undetermined manner 23d. LOCATION STATE Denton Cemetery Caroline BP TO DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MD24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH b HOUR (TYPE OR PRINT) OF ESTI-1986 Hendricks 9:01 Samuel 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED Male Cau. 1086 6-17-7-12-11 74 YRS 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Caroline U.S.A. WIDOWED X DIVORCED Pa. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Grocery Store Store Owner Box 221 Goldsboro 21636 URSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Caroline 21636 Box 221 Goldsboro NO Y Rt I M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Ida Kamentz Joseph H Hendricks 16b. SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) Verna Black Goldsboro, Md. 183-05-5864 no CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE & CARDIOMY OPATHY Canditions, if ony, which gove rise to immediate cause (o) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? SHOULD BE U YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN NEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM FTC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held on Autopsy Natural causes death resulted fram: Suicide Homicide Undetermined manner TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D 230. BURIAL, CREMATION, REMOVAL 23b. DATE Greensboro Cemetery 6-21-86 Greensboro Caroline BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) John E. Boulais Greensboro, Md. 21639 Deviderno 15M 2/80

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s after of the fulled with	1	1 chilas	11185	SUAA HEAL	th CAVE (E	Farmer	
on a	USU	AL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE ADMISSION)			
24 h	Marie Land	ryland	Caroline	Preston	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP Seaman Road	CODE
thin thin		ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME	, , , , , , , , , , , , , , , , , , ,
T To		Lee F. Hol	loway, Sr.	LAST	FIRST TO	MIDDLE	€AST
8 - 10	160		IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	Lucy E. Le	ADDRESS	Seaford, Del. 1997
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signed hen ple o burn jury, o	z			ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)
ior Tree	CERTIFICATION	19a DATE OF OPERAT		DITION FOR WHICH OPERATIO	ON WAS DEPEOPMED	Z00 AUTOPSY? Z0b	b. IF YES, WERE FINDINGS USED
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this this do	MEDICAL	214 INJURY OCCURR	(AT HOME ST	OF INJURY FREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WOR	AK	A			
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R ATTEN haspital RECTOR ned for u spt. of He rem 21 is		sow the decease obove (1) we) (d	ed olive on June	y after death.	and that in (my) (our) opinion	death occurred on the date o	and hour and from the causes stated
8 4 8 9 d a		226 SIGNATURE			DEGREE		224. DATE SIGNED
-f -fe - i		William	, Inetimy	^	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 6/13/86
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	24.pF	UNERAL DIRECTOR		, , _, , , , , , , , , , , , , , , , ,		TE REC'D. BY REGISTRAR 256	
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	1 85 S. S. S. T.	P	AUL WILL	AM J	OHNSON	/		OF E	ESTI-	3	1986	5PM
1	PLEA FILE STREET	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	RS IF UNI		24 HRS. 2c. DATE	MON'		YEAR	2d HOUR
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	S SERVICE S	7a. BI	RTHPLACE (STATE OR REIGH COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	8. MARRII	ED MEVER MARRIE	9. BALTIMO	RECITY OR COL	UNTY OF D	DEATH	
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E E FOR YOUR FILES. ED, WITHIN 72 HOURS		IFIGN COUNTRY I I I I I I I I I I I I I I I I I I I	U. S. A	PITAL, NURSING HOME	WIDOWI		12a. USUAL OCCUPA	TRULII	V 125 KIR	ND OF BUS	MD.
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	AND AND RETAIL	13a S	ANIANO CAR	OLINE	DENTO!	V	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	DUTH 2	nd S	TREE	
	MD. 2 7, 2, 7 7, 3, 1 2, 8H 2, 8H 17AL R		THER'S NAME	MIDDLE			15. MOTHER'S MAIDE		•		LAST	-
	W ASSET	1	William T	homas	Johnson		Cecie	Fran			nsor	2
	TIMORI TER DE FORM ES 1 A	16a. V	AS DECEASED EVER IN U.S. ARE S NO. OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY		17. INFORMANT	No. Service	ADDRESS	100		
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	: 2 2 3 - 0		18 CAUSE OF DEATH (Enter an PART I DEATH WAS CAUSE)		far (a), (b), and (c).) FREBILOVA	2-61	II AA AA	CIDENT			PPROXIMATE WEEN ONSET	AND DEATH
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	BY CERTIFIC RESIDENCY RESI	MED	21d. INJURY OCCURRED WHILE NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		TREET	CITY OR TOWN		COUNTY		STATE
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	AND SATE OF THE SAME		22a. I certify that I taak charg			Autaps			and in my	y apınian		
	EXAMI CERTIFICATION OF BE DIRECTOR OF WARYL		death resulted fram: Natu	ral causes	Accident , Sui	icide	, Hamicide	Undetermined mann	er .			
	MAN COURT		ACTUAL CHARTE	an St	enoew	M	Denuty	MEDICAL EXAMIN	DA SK	ATE 6	13/	86
	NA SEA	-	EXAMINER'S NAME ()	ic+ 18	5 Tan	1 411	n pa	0.4100	D	444	211	20
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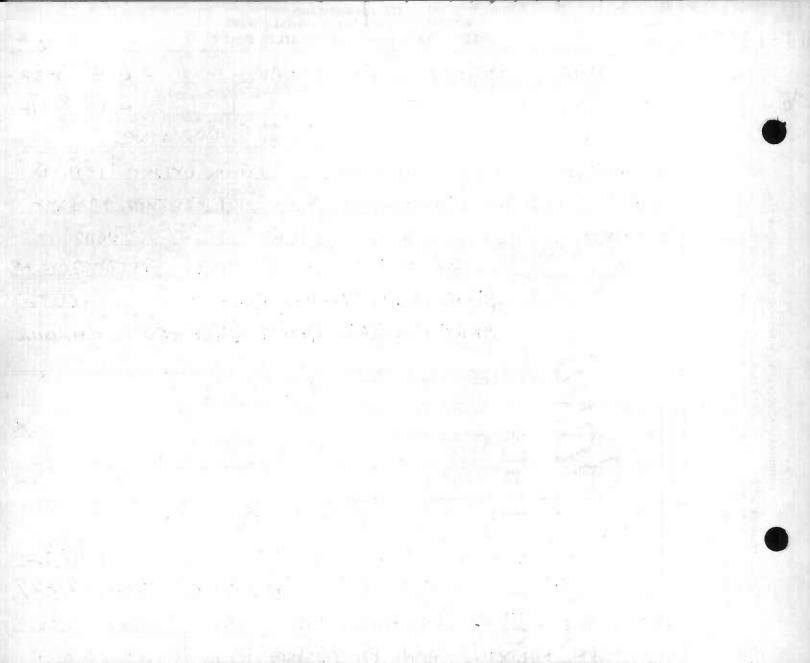
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ALTIMORE,	S. Pe		NO	218 5	0 1641	IDELL E. SI	Rehobe	oth, Del. 1	9971
AL	ysicio		18. CAUSE OF DEATH (Enter	only one cause per line for (a)	(b), and (c).)			APPROXIM BETWEEN OR	ATE INTERVAL
	phy nov nov		PART I. DEATH WAS CAU	JSED BY:	EART FA	1111105		0.000	SET AND DEATH
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E	ding physici is certificate burial-transi Mental Hygin I 8 sh	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c.)	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	A 18, PART I OR PART 2)	
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Z	PHYSICI, ending p this certinale buriale ad Menta	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	P.M. 21e. PLACE OF INJURY	19	LOCATION			
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DIVISION OF VIT	0 0 0 3		AT WORK NOT WHILE AT WORK		40	-		01	
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	RECTOR Post of	1.3	obove, I (we) (rid) did	not) view the body after death.	DEGRE			22c. DATE SI	
	1 D 0 D 0 T		VINANT	TAM & ()	OMAD. N	1 CATTENDING	MEDICAL STAFF	1//2	2/0/
_	RAL det	4	Cr voca	wil IC. ya	noun III	PHYSICIAN [DIRECTOR PHYSICIAN	0/2	3/86
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	5 45 T 4 8 4	230	BURIAL, CREMATION, REMOV.	AL 23b. DATE	23c NAME OF CEMETE	DY OD CDEMATORY	23d. LOCATION		
	D.D.	204.	(SPECIFY)				CITY OR TOWN	COUNTY	STATE
	BP	-	Burial	6/25/86	Chester Ce	metery	Chestertown	, Md. 2162	
	DHMH-16 30M 2/80	24:1	UNTRAL DIRECTOR	1 100 00	DRESS	25a. DATE	REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATUR	RE
	(VRA 15, 4)		Hellis	{	stertown, M	d. JUN	40 1000 Julia	Dandom Rand	lake.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH First (Type or print) LYNCH June AUDREY ROSE 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS. 3. SEX 6. AGE (In years last birthdoy) DAYS MONTHS Jan. Caucasian Female: 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) Caroline WIDOWED TO DIVORCED U. S. A. Maryland 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR TO CITY OR TOWN OF DEATH during most of working life, even if setired.)
Nurse s Assist Nursing DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ridgely Street 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO T 105 First St. 21660 Ridgelv Caroline 4 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Pauline Elliott Franklin Lynch Brown Stephen 16b. SOCIAL SECURITY NO. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) 220260896 Mr. John M. Lynch. RidgeLy. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: ANCER 13 m IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause ã requires that PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO | 21a. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. Ng. City or Town State County While Nat while of wark 6-17, 1925, ta 6-22, 1986, that (1) (we) last causes stated abave, (1)-(we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF 6-24-810 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Stephen FUNERAL pe Dutchmen's Lane, Easton, MD21601 Carney. shauld b 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (Stote) 23a. BURIAL CREMATION. Hillsboro Caroline 0 Greenmount, Cemetery MD REC'D BY REGISTRAR 24 FUNERAL DIRECTOR DHMH - 16 3/72 25M (VR A15 (4))

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		1	STATE OF MARYLAND	
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I U -	10900	1.00	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1 RE	6.0
			YPE OR PRINT)	2b HOUR
	FIEASE FOTOR FIES HOURS STREET,		EDWIN HARRY PLUTSCHAK DEATH MATED TO 6 15 19 86	3PM
+	PLEAS PLEAS HOUR STREE	3. SE	MONTH DAY VEAD	2d. HOUR
Ø	A PA	LA	MALE CAU. 8 18 1913 72 YRS. DEAD 6 18 1986	IDM
-	107 dr - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	AB B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
	SEE SEE	141	reston, MD. U.S.A. WIDOWED DINORCED CAROLING.	MD.
	O HE BER	in c	CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 128, KIND OF BU	JSINESS
	A HOUSE	150	DETALSBURG HOT FEDERAL MANOY TUCK DRIVEY VETTYEE	
1	900	ersu.	JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	U
71201	AND 3	13a. S	STATE 136 COUNTY 13c, CITY OR TOWN 13d. INSIDE (11Y LIMITS? 13e, STREET ADDRESS	1
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3,	Maria Company of the		JUSTAVE PLUTSCHAK MARIE FUCHS	
WO	OS S S S S	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS	
ALT	URS AFTE		NO 1 218-09-9/68 RUDY PLUTSCHAK, FEDERALSBUY	S.MD
			18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	I AND DEATH
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8	E=#3#0		Canditions, if any, which gove rise to immediate by ARTERIOSCUEROTIC HEART DISEASE CHRI	nu
*	N PENCIL IN EXAMINER IAL TRANSIT MENTAL HY OR REMOVA		cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	IIII.
301	CUTED IN PE IL EXA URIAL VD ME)		lying cause last.	
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TAL	SHOULD CHEF / CHEF / CH	분	10. ACTORST:	V
2	AME S THE CHILD BE	18	YES	NO
NO.	AT SEC			
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DIVISION	HIS CERTING WRITING ARPED 1 AGE 3 SH ATE DEPARED OI PRICE	E E		STATE
	- 53.0	13	AT WORK AT WORK	
	ATE, OR, OR, FE S		220. I certify that I taok charge of the remains described above, held on Autopsy , Inspection Inquiry , and in my apinion	
	EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE S		death resulted frame: Notural causes Accident . Suicide . Homicide . Undetermined manner .	
	KAAA ERT LD II IRPL	-	1 CO DATA O TONE (SPECIEV)	,
	MAN WAY		SIGNATURE WILDER CONTROL DEPUTY MEDICAL EXAMINER SIGNED SI	8/
	SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	2	The state of the s	
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE		(TYPE OR PRINT) CIRCLE I JENSEN MDADDRESS P. D. ROX 690, DENTON MD 216	529
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE SI BALTMORE, MARYLAND, 21	23a.B	BURIAL, CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION	
	BP	C	TEMATION 6-19-86 DELMATUA CIPM LEWIS SUSSEX DE	ATE
	DHMH - 17		FUNERAL DIRECTOR 1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE	4
	(VR A15 ME (5)) 30M 7/73	111	NAME ADDRESS	
	30m ///3	727	TILLIAMSON FUNCTOR HONE FEDERALS BURG 25 1986 14: 15: 40 000	



1027		FOR STATE REGISTRAR				CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	17	2 2 3
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ge 4 may	3 SE)			Cau	C .	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		R IF UNDER 24 HRS
death. Po	Î	OUNTRY)	iGN 7b	U.S.A		WIDOWE		CAROLINE		MD.
S offer	10. CI	enton	C	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A NE NUR		HOME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Steeplejack	KING LIFE) INDUSTR	of Business or truction
filled in thould be formally be	13a. S	aryland (Carol:		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Federals		13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS / ZIP 409 Railroad	Avenue	21632
ampletely of 2 s	14 FA	THER'S NAME FIRST	MIDE	DLE	Speed		15. MOTHER'S MAIDEN NAM	MIDDLE	me	Clure
n and co		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	J.S. ARMEI FYES GIVE WA 1932-	FORCES? AR OR DATES) 1935	129-03		Sharon Hughe	ADDRESS as, 409 Railro	burg, Md. ad Ave.,	
we requires that the death certification been signed by the attending physismit. Then please remove corbon poppior to burial, cremation, ar removal only injury, or other traumatic event, it	FICATION	Conditions, if ony, will gove rise to immed couse (a), stoting underlying couse I	CAUSED B MEDIATE C hich iote the ost. CANT CON	AUSE (0) DUE TO, OI (b) DUE TO, OI (c) NDITIONS CC	PULMO R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	RITTS, PSU	INAL DISEASE OR CONDITION	Y E N GIVEN IN PART O ULCEN IF YES, WERE FINCE	ZS DINGS USED
SICIAN: The long physician. certificate has unal-transit per tental Hygiene Item 18 shaws	MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING {IF EITHER NOTIFY MEDICAL I	E OF OFATH	P.,	M. MONTH DA M.	Y YEAR		YES NO NO NEED (ENTER NATURE OF INJURY IN IT	CERTIFYING CAUSE YES EM 18 PART 1 OR PART 2)	NO 🗌
NDING PHY or attendi R: After this use as the bi deolth and M is marked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that 11 th	is hospital)	ottended th	e deceased from	J	214 LOCATION STREET		COUNTY	
O HOSPITAL OR ATTE etoined by the hospito TO FUNERAL DIRECTO should be detached for with the Store Dept. of the MPORTANT: If them 21		sow the decessed obave III (we redid) 226. SIGNASUSE 226. PAYSICIAN'S NAME	an	pa	and lo		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DENTY	22c DAT	-19-86
BP		BURIAL, CREMATION, REA	MOVAL	June 2	23,1986 Mg	rylar	emetery or crematory	23d LOCATION em. Beulah, Do	rchester	, Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	NAME PTOM	HA!	VKIIV.	S ADDRESS	DER	43 250. DAT	E REC'D. BY REGISTRAR 25b, R	EGISTRAR'S SIGNA	ATURE

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within anna Loll - writing debutant for anther forehearer, angland

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR 20 TYPE OR PRINTI 86 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH 1906 Temale Caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED Pennsylvania WIDOWED DIVORCED [126 KIND OF BUSINESS OR O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Housewife Home Denton USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1131 OUNTY
1131 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Anne's Barclay Cosden Road 21607 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST Harriet Chandler Martin Samuel 16h SOCIAL SECURITY NO. ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 186161816 No Eddystone. Ulev Tarr. APPROXIMATE INTERV 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON YES T 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) pup NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from (my (our) opinion death occurred on the date and have and from the causes stated wey did (did not) view the body ofter death 22c DAJE SIGNE MEDICAL AFTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT ld b

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Lawn Croft Cemetery Linwood Buria 24 FUNERAL DIRECTOR

23d. LOCATION

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۵	WARR WARR PAGE 2120		AT WORK	NOT WHILE AT WORK	par	k	Tuc	ckahoe	State	Parl	coff	Rt.	480,	Caro	line	, MD
			22a. I certif	y that I took char	ge of the remains desc	ribed obove, held	on Autor	psy X	Inspection		Inquiry [], or	nd in my op	pinion		
	L EXAMINER: E CERTIFICATE DULD BE FOR L DIRECTOR: H, WITH THE S MARYLAND,		death resulte	d from: Natu	ral causes,	Accident	Suicide 2		ide .	Undeterr	mined mont	ner .				
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BIRECT TO FUNERAL DIRECT AFTER DEATH, WITH IT BALTIMORE, MARYLA		(TYPE OR PRIN	Ann	M. Dixon,	M.D.		_ADDRESS	111 Pe	enn S	t., B	alto	., MD	21	.201	
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	(VR A15 ME (5))	J	ames H.	Barton,	Jr., Cen	treville,	Md. 2	21617	1121	HAPP.	Lucian	Swide	1-7Bm	dette		

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